

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042736

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 002

Primary Registration District No. 5019

Registrar's No. 64

FILED NOV 18 1963

1. PLACE OF DEATH

a. COUNTY Andrew

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rochester Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Shady LawnInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN Savannah

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
205 North FifthReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Obedience Ann Davis4. DATE OF DEATH Month Day Year
November 12, 1963

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 7-3-77

9. AGE (last birthday) 86

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10b. KIND OF BUSINESS OR INDUSTRY
at home11. BIRTHPLACE (City and state or country)
Andrew County, Mo.12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

James H. Lester

13b. MOTHER'S MAIDEN NAME

Nancy E. Henderson

14. NAME OF HUSBAND OR WIFE

Edward Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates of)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Claude R. Shores, 6810 Mack St., St. Joseph, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure

INTERVAL BETWEEN
ONSET AND DEATH
2 yearsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-28-55 to 11-12-63 and last saw her alive on 10-21-63
Death occurred at 4:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Savannah, Missouri

22c. DATE SIGNED

11-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial23b. DATE
11-13-63

23c. NAME OF CEMETERY OR CREMATORY

Flagg Springs Cemetery

23d. LOCATION (City, town, or county)

Flagg Springs, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

BREIT & HAWKINS

SAVANNAH

25. DATE RECD. BY LOCAL REG

11-15-1963

26. REGISTRAR'S SIGNATURE

Darlene L. Williams

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0020

2 0020

3

4 1

5 2

6

7 0

8 0

9 13/11

10

11

12 86-0

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address

Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.